



Pertussis Investigation – RI Definitions & Rules for Entering Investigation

Note: **RED = Required**, **BLUE = Required Conditionally**, **BLACK = Not Required**, **GRAY = Condition Specific**

Brief Description or Field Name	Description	RI Rules for Data Entry
Investigation Summary		
Jurisdiction	The region responsible for the investigation. RI has only 1 jurisdiction	Required
Program Area	The organizational ownership of the investigation. Program areas (e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control. This is pre-populated based on the condition.	Required
State Case ID	The VPD epidemiologist will create and enter a State Case ID for each pertussis case. This ID is used for relating probable and confirmed cases to the index case, if known.	Required
Investigation Start Date	Date the investigation was entered into NEDSS.	Required
Investigation Status	The status of the investigation: Open or Closed. Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to CLOSED. Note: It is not necessary to have final cultures to close the investigation.	Required
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction. Defaults to checked. OK to leave checked. Not in use by RI at this time	Not Required



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Investigator	The name of the person who is responsible for the case investigation. Quick code = first initial of first name +first 5 letters of last name.	Required.
Date assigned to Investigation	The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned	Not Required
Reporting Source		
Date of Report	Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.	Not Required
Reporting Source (Drop down menu)	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Not Required
Reporting Source	Name of facility that sent the report. Must use search key or Code Lookup.	Not Required
Earliest Date Reported to County	Date first reported to County	Not Required
Earliest Date Reported to State	Date first reported to State	Required
Reporter	Search table for who Reported the case	Not required.
Clinical		
Physician	Search table for patient's physician.	Required if known
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Required, if known
Admission Date	Patient's admission date to the hospital for the condition covered by the condition.	Not Required
Discharge Date	Patient's discharge date from the hospital for the condition covered by the condition.	Not Required
Total Duration of Stay Within Hospital	Patient's duration of stay at the hospital for the condition covered by the investigation.	Not Required



Brief Description or Field Name	Description	RI Rules for Data Entry
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Required, if known
Was the patient < 12 months old?	Indicates whether the patient is less than 12 months old.	Required
Mother's age at date of infant Birth	Specifies the age of the mother at the time that the infant was born.	Not Required
Infant Birth Weight (lbs)	Specifies the birth weight (in pounds) of the infant.	Required, if 24 months of age or less
Infant Birth Weight (oz)	Specifies the birth weight (in ounces) of the infant.	Required, if 24 months of age or less
Infant Birth Weight (g)	Specifies the birth weight (in grams) of the infant.	Not Required
Infant Birth Weight (Unknown)	Specifies that the birth weight of the infant was unknown.	Required, if 24 months of age or less and birth weight is unknown
Did the patient have any cough?	Did the patient's illness include ant symptom of cough?	Required
Cough Onset Date	Cough onset date	Required
Paroxysmal Cough	Did the patient's illness include the symptom of paroxysmal cough?	Required
Whoop	Did the patient's illness include the symptom of whoop?	Required
Post-tussive Vomiting	Did the patient's illness include the symptom of post-tussive vomiting?	Required
Apnea	Did the patient's illness include the symptom of apnea?	Required
Date of Final Interview	Date of the patient's final interview.	Required
Did the patient have a cough at final interview?	Was there a cough at the patient's final interview?	Required



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Total Cough Duration	What was the duration (in days) of the patient's cough?	Required
Result of chest X-ray for pneumonia	Results of chest x-ray for pneumonia	Required, if known
Did the patient have generalized or focal seizures due to pertussis?	Did the patient have generalized or focal seizures due to pertussis?	Required, if known
Did the patient have acute encephalopathy due to pertussis?	Did the patient have acute encephalopathy due to pertussis?	Required, if known
Did the patient die from pertussis or complications (including a secondary infection) associated with pertussis?	Did the patient die from pertussis or complications (including a secondary infection) associated with pertussis?	Required, if known
Treatment		
Were antibiotics given?	Were antibiotics given to the patient?	Required
Antibiotic	What antibiotic did the patient receive?	Required
Start Date	Date the patient first started taken the antibiotic	Required
Days Taken	The number of days the patient actually took the antibiotic	Required
Laboratory		
Was laboratory testing done for pertussis?	Was laboratory testing done for pertussis?	Required. If the answer is 'No', this section is completed. If the answer is 'Yes', at least one test
Bordetella pertussis culture?	Was Bodebella pertussis culture taken?	Required, if culture was taken
Culture Date	Date that the Bordetella pertussis culture was taken.	Required, if culture was taken
Bordetella pertussis culture result	The result of the Bordetella pertussis culture	Required, if culture was taken
Bordetella pertussis serology #1	Was Bordetella pertussis Serology #1 done?	Not Required
Bordetella pertussis serology #2	Was Bordetella pertussis Serology #1 done?	Not Required
Bordetella pertussis PCR specimen?	Was Bodebella pertussis PCR specimen taken?	Required, if PCR specimen was taken



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PCR specimen date	Date that the Bordetella pertussis PCR specimen was taken.	Required, if PCR specimen was taken
Bordetella pertussis PCR result	The result of the Bordetella pertussis PCR	Required, if PCR specimen was taken
Lab where PCR was performed	The lab where PCR was performed	Required, if PCR specimen was taken
Specify Lab	The name of the lab where PCR was performed	Required, if PCR specimen was taken
Was other laboratory testing done?	Was other laboratory testing done?	Not Required
Were the clinical specimens sent to CDC for genotyping (molecular typing)?	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Required, if specimen was sent to the CDC
Date sent for genotyping	Date clinical specimens sent to CDC for genotyping	Required, if specimen was sent to the CDC
Specimen Type	The type of specimen sent to CDC for genotyping	Required, if specimen was sent to the CDC
Vaccination Record		
Did the patient ever receive a pertussis-containing vaccine?	Did the patient ever receive a pertussis-containing vaccine?	Required, if known
If not vaccinated, give reason	If the patient was not vaccinated with pertussis vaccine, give reason	Required, if known
Number of doses of pertussis-containing vaccine given	Number of doses of pertussis-containing vaccine given	Required, if known
You have stated that less than 3 doses were given, give reason:	Give reason if not vaccinated with 3 or more doses of pertussis-containing vaccine	Required, if known
How many doses of pertussis-containing vaccine were given 2 weeks or more before illness onset?	How many doses of pertussis-containing vaccine were given 2 weeks or more before illness onset?	Required, if known
Date of the last pertussis-containing vaccine prior to illness onset:	Date of the last pertussis-containing vaccine prior to illness onset:	Required, if known
Date administered	The date that the vaccine was administered	Not Required
Vaccine administered	The type of vaccine administered,(I.E. MMR, DaPT)	Not Required



Brief Description or Field Name	Description	RI Rules for Data Entry
Vaccine ID	A system generated ID for a vaccination record	Not Required
Date administered	The date the vaccine was administered	Not Required
Vaccine administered	The type of vaccine administered, (I.E. MMR, DaPT)	Not Required
Vaccine ID	A system generated ID for a vaccination record	Not Required
Epidemiologic		
Is this case epi-linked to another laboratory-confirmed case?	Is this case epi-linked to a laboratory-confirmed case?	Required, even if unknown
If epi-linked, Case ID of epi-linked case	If epi-linked to a laboratory-confirmed case, Case ID of epi-linked case. The VPD epidemiologist will enter the State Case ID of the laboratory confirmed case in this field.	Required, if epi-linked to a laboratory-confirmed case
Transmission setting (Where did this case acquire pertussis?)	Transmission setting (Where did this case acquire pertussis?)	Required, even if unknown
Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)?	Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)?	Required
Outbreak name	A name assigned to an individual outbreak. Only use if designated as an outbreak by the State Epidemiologist or VPD Epidemiologist.	Not required
Were there one or more suspected sources of infection (A suspected source is another person with a cough who was in contact with the case 7-20 days before the cases's cough)?	Were there one or more suspected sources of infection. A suspected source is another person with a cough who was in contact with the case 7-20 days before the cases's cough?	Required
Number of suspected sources of infection	Number of suspected sources of infection	Required
Age	The age of the individual that was the suspected source of infection	Required, if there is a suspected source of infection



Brief Description or Field Name	Description	RI Rules for Data Entry
Sex	The sex of the individual that was the suspected source of infection	Required, if there is a suspected source of infection
Relationship	The relationship of the individual that was the suspected source of infection to the case	Required, if there is a suspected source of infection
How many doses of pertussis-containing vaccine has this suspected source received?	How many doses of pertussis-containing vaccine has this suspected source received?	Not required
Estimated cough onset date of this source:	Estimated cough onset date of suspected source of infection	Required, if there is a suspected source of infection
Was there documented transmission from this case of pertussis to a new setting (outside of the household)?	Was there documented transmission (outside of the household) for transmission from this case?	Required, even if unknown
What was the new setting (outside of the household) for transmission of pertussis from this case?	What is the setting for spread of this case outside the household?	Required, if known
Other	Other setting for spread of this case outside the household	Required, if known
Number of contacts of this case recommended to receive antibiotic prophylaxis:	Number of contacts of this case recommended to receive antibiotic prophylaxis. If there are two or more contacts with an overlap of contacts, count contacts only on index case	Required



Brief Description or Field Name	Description	RI Rules for Data Entry
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Not required
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication. Pre-entered field.	Not Required
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication. MMWR year must correspond to year that the event occurred. For example: if the event occurred in Dec 2007 and you entered the information into NEDSS in Jan 2008 you will need to change the MMWR year to 2007	Required
Administrative		
General Comments	Field which contains general comments for the investigation.	Not Required



Brief Description or Field Name	Description	RI Rules for Data Entry
Condition Specific Custom fields		
Infectious period start date	The date the case began being infectious. Date of cough onset.	Required
Infectious period end date	The date the case stopped being infectious. This is either 5 days after the initiation of an antibiotic or if not treated, after 3 weeks of treatment.	Required